

STATE OF CONNECTICUT
DEPARTMENT
OF MENTAL RETARDATION



Five Year Plan

2007 – 2012

M. Jodi Rell, Governor
Peter H. O'Meara, Commissioner

The Department of Mental Retardation reaffirms our commitment to provide the citizens of Connecticut with —

- ◆ Flexible consumer and family directed supports, assistance and services that enable all people we support to participate fully in Connecticut life
- ◆ A collaborative approach to sharing responsibility for supporting consumers, their families, providers and our local communities, faith based organizations and businesses
- ◆ An agency that is responsive to its constituency and responsible in the management of its resources
- ◆ A clear mission, guiding principles, direction and set of priorities that meets the needs of the people we support and acknowledges our responsibility to operate within limited resources.
- ◆ Services and supports that are delivered by culturally competent staff who represent the cultural and ethnic diversity of the individuals and families served by the Department of Mental Retardation.

ACKNOWLEDGMENTS

This plan is the result of the thinking, dedication and work of many people. We wish to extend our sincere thanks to all the people who have engaged with us in discussion about the direction of the Department of Mental Retardation — especially those who meet with and advise us during our ongoing activities, members of specially convened work groups, steering committees and advisory councils, and those who submitted thoughtful written comments or who testified at the public hearings on this plan.

We are especially grateful to have the input of families and the people we support. They ground us with their personal experiences and guide us in setting the future direction of the department.

As always, we are grateful to the central office staff who produce the department's Management Information Reports with timely and accurate responses to all requests for data.

Thanks are due to the many regional staff and private providers for continuously translating the mission and guiding principles into reality at the local level. They are the ones who truly make it all happen for the people we support.

Finally, thanks to the staff of the Strategic Leadership Center and Beth McArthur, Assistant to the Deputy Commissioner, for documenting and organizing the work of the agency and bringing it all together in this Five Year Plan.

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INTRODUCTION

The department's Five Year Plan is a strategic statement of our direction and an outline of our priorities. We consider the statewide plan a compass to guide the direction of the current and future service system.

Some important standards that guide our efforts to expand opportunities and improve experiences for people with disabilities include:

- Listening to our constituents
- Providing supports and services in a way that affords people protection from harm and exploitation, but that also allows them to live ordinary lives that are safe, meaningful, and where they have control and choice as to how they live their lives
- Recognizing that people with even the most severe physical and intellectual disabilities benefit from participation in everyday life
- Understanding that people who require a great deal of support, need that support wherever they live, work, or play
- Knowing that community living means giving people the support they need in whatever they do, wherever they do it
- Being willing to continually stretch our knowledge and ability to provide needed supports in person-centered ways
- Supporting families in their lifelong roles with their family members who are served by the Department of Mental Retardation (DMR)
- Acknowledging that successful community life requires genuine connections to the local community.

Listening to Our Constituents

Out of respect and dignity for the people we serve, the department and the state legislature passed legislation (*Public Act 06-92 (HB 5478), An Act Concerning the Department of Mental Retardation*) to solicit input regarding the potential name change for the department. Sensitive to people's feelings on the negative connotation of the term "mental retardation," the department held a public forum to listen to recommendations from consumers and advocates. The department will compile all of the findings and submit a report to the legislature in January 2007.

It is important at the outset to clarify that this solicitation of input is specifically in regards to changing the name of the department and is in no way meant to change the current mission of the department, including the eligibility criteria of people served by the department. By current statutory authority, the department serves only individuals with mental retardation as defined in our eligibility for services criteria. A change in the name of DMR will not change who the department serves.

There has been a movement among self advocates and others nationally and in Connecticut to use more respectful language when referring to the people DMR supports. In an effort to be responsive to this issue, wherever possible in this Plan, the department will avoid the use the terminology "mental retardation" to refer to the population we serve. It should be noted however, that the term MR does continue to exist in the DMR statutes and regulations, and is

used as a valid medical diagnosis term. Discussion continues at the time of dissemination of this Plan as to what more respectful term should replace it in our everyday language and official documents.

Planning in DMR

In 1990, the Connecticut Legislature passed Connecticut General Statute 17a-211, requiring the department to develop a five year plan, hold public hearings, and submit the plan and a transcript of the hearings to the legislature every two years. In 2004, existing legislation on the department's Five Year Plan that required a new plan be issued every two years was changed to permit the submission of a Five Year Plan every five years beginning in 2007. The department's commitment to ongoing collaborative planning with its partner stakeholders, makes it more efficient for the department to publish a Five Year Plan every five years. The department continues its annual internal business planning process, as well as its ongoing practice of including outside stakeholders in meetings, advisory groups and various initiatives.

Since the last Five Year Plan was issued, the department has devoted significant resources to several initiatives that continue to advance previously declared strategic commitments and goals. These initiatives include:

- The self determination initiative
- The development and implementation of two new Home and Community Based Services (HCBS) Waivers
- The development of the Quality System Review tool, methodology and data application
- development of the Level of Need Assessment process to determine each consumer's level of need for supports and their health and safety risks
- A resource allocation methodology linked to individual level of support need
- A new Individual Planning process to better meet individuals' needs.

These activities and initiatives were all highly collaborative in nature and required intensive resources to implement.

This work is all strongly linked to the department's previously articulated strategic direction. These initiatives were public, inclusive of a variety of stakeholders, including consumers and families. Implementation of these initiatives included an extensive array of meetings for information sharing, public input and feedback, as well as comprehensive reports and written materials about the direction of the department. The results of these initiatives continue the foundation for future strategic planning and are fully incorporated into the strategic commitments outlined in this Plan.

The Continuing Evolution of the Service System

When we assess what we know about current economic conditions and future demographics, the cost of developing new programs, trends in state and federal funding, and the number of people who come to the department in search of programs or services, it is evident that the department must continue to focus its efforts to redesign the current service system. DMR has a statutory responsibility to ensure a comprehensive array of services to meet the needs of Connecticut citizens who meet the eligibility criteria for DMR services. We are committed to do

that in the most cost-effective manner and in ways that ensure positive results for the people who use all our services and supports. With this in mind, we need to explore ways to ensure the fair and equitable distribution of resources, and use a methodology to assess need and assign resources. Our overarching goal is to provide individualized supports and services to the maximum number of individuals possible, by fairly allocating resources based on individual needs. All consumers will have individual budgets, and supports and services can be self directed to the extent they want.

We believe we must direct the evolution of our system to meet the growing and changing demands for services within the limits of our budget. The service system must offer solutions that fit with the reality of a system the taxpayers of Connecticut can afford to support. We have begun on the right course and have the successes of several years to build on. We need to maintain the services that people have come to count on, and continue to expand what we have already achieved. Many existing aspects or features of our current system work well, are valued, and must be preserved. Our accomplishments are significant and we don't want them to slip or erode. People are satisfied with many features of our current system and want those to remain. We need to continue the DMR mission — keep it alive and moving forward with an emphasis on honoring individual and family choice and self determination. Our goal is building capacity in the community. We cannot build community capacity and lead the effort for change alone, we need to join with others, as it says in our mission.

We need to continue to advocate for individuals on our waiting lists. We must also gain a better sense of the people who are not currently coming to us for services or who are not currently on our waiting lists. In the future, they may come to us for supports, either because they find themselves in need of additional resources or perhaps because DMR can finally offer them the flexible and individualized supports they desire and need.

Finally, we must continue to promote the development of individualized, flexible, support systems for people currently living with their families, based on a true understanding of people's needs and requirements. With increased understanding, we will be able to make increasingly better financial projections to support people coming off the Waiting List.

Our current array of service options still offers a lot of "all or nothing" options. Most people served by the department generally receive comprehensive services in DMR-funded sites or limited case management and individual and family support services in their own homes. While Individual Support has become the department's fastest growing service option, we must continue to develop more personalized support options that allow people to live and work in places where the responsibility for providing necessary supports is shared by the department, community agencies, associations, ordinary citizens, and significant people in the life of the person served by DMR. At the same time, we will maintain our commitment to individuals and their families who are currently served in traditional options such as Southbury Training School, regional centers and group homes, so that all individuals and families can exercise true choice. Individuals residing in these settings can exercise choice through decisions to either remain where they live now or to move to more individualized community-based options. Everyone in the service delivery system has the right to determine how to use their resources and select their preferred qualified provider or choose to hire their staff directly. Everyone's funding is considered portable and, therefore, each person's funding is available to move from one setting to another.

Our system change efforts of the past several years align with both our values and the reality of today's world. Today, we have many pockets of excellence and best practices that are powerful examples of how the system is evolving to better serve the individuals with disabilities for whom we are responsible. The department will continue to make it easier for people to explore and contribute their ideas about innovative supports and services, to work to address our waiting lists, and to incorporate important service features that emerge from these discussions into department best practices and standard operating procedures.

Our Quality Assurance activities are undergoing a comparable evolution to keep pace with our changing service system. We operate a large and complex service system ranging from supports and services provided in congregate licensed settings to individual and family homes. Recognizing our responsibility to protect people and at the same time create opportunities for people to live meaningful and satisfying lives, the department has developed a new comprehensive quality management system that strives to minimize negative consequences so that people can live safe, full, productive lives.

Our intention is always to facilitate the evolution of improved supports and services that result in better life situations for the people we support. The ongoing evolution of services and supports will always take place within the context of our mission and in the most cost-effective way possible.

Self Determination

The DMR Mission Statement has withstood the test of time and provides a solid foundation for all that we do. Connecticut DMR's Self Determination Principles complement the mission and guide us as we continue to put the ideals of the mission into action. The principles of Self Determination can help to advance the DMR Mission for everyone. Promoting Self Determination should be the focus for all staff who support people served by DMR.

The DMR Mission challenges us to work together with the people we serve, their families, support providers, and others to help people with intellectual disabilities to make choices, be treated with dignity and respect, develop relationships, experience community membership, and to enhance and use their skills and talents. The Self Determination Principles further challenge us to focus beyond what is, to what could be. As we recognize people's inherent right to dream about their futures and to make decisions about their lives, we are challenged to help them create new kinds of living arrangements, new types of work opportunities, new configurations of personal assistance, and new ways to manage the people and resources that support them.

Assisting people to realize their dreams means opening up opportunities, considering new possibilities, and looking for new ways to make things happen. Making things happen cannot depend solely on the limited resources of the department. The fiscal realities and limitations of today challenge us to help people design effective and creative support arrangements that use all of their resources efficiently, including the benefits of assistance offered by family, friends, and other alternatives to paid supports.

As the department implements the principles of self determination, we are also challenged to help people create safe environments and avoid unnecessary risks. When people assume greater control over their lives and resources, they also assume greater responsibility for their decisions. As we work with individuals, their families, and their personal networks to create new

support arrangements, we must also keep in mind the role close relationships and common sense play in helping people be safe. We must also encourage individuals and their support providers to consider necessary safety measures while continuing to be supportive of personal autonomy and opportunities for learning.

The Self Determination Principles help convey the essence of the DMR mission. Each person served by the department has the right to be valued and respected as a whole person, with hopes and aspirations about his or her life and future. Our role is to work with the people we serve and those closest to them to allow them to create opportunities for themselves to make choices that will ensure their well-being and support them to achieve their desired personal outcomes. The State of Connecticut and DMR cannot lead this initiative alone. We need to be partners with families and individuals we serve, local communities and businesses, neighbors, providers of supports and services and advocates, and other state agencies to accomplish our mission.

CHALLENGES THAT AFFECT OUR PLANNING AND OUR FUTURE SERVICE DELIVERY

As DMR continues to work to improve the quality of life for citizens of Connecticut who have disabilities, we face many challenges in coping with current pressures. Strategic planning is an important process for continuing to focus our achievements and determine how best to use resources to further our mission while carefully examining the pressures that are barriers to achievement. We recognize the need to understand current pressures and to work with them to accomplish our mission, strategic commitments, and goals.

Waiting lists for people living at home with their families and those in need of additional support.

A critical issue for the department is the number of people who are living at home with their families and waiting for residential or day services from the department.

The number of people served by DMR who live with their families is the largest population group known to the department. As of July 1, 2006, there were 7,180 people living in their own homes or with their families. Of these individuals, 725 people were on the department's Waiting List for residential supports. Some of these people and their families have been waiting for many years.

The department is also faced with the changing needs of people who are already receiving funded services from the agency but whose needs for support have increased. The population we serve continues to age and our service providers experience the challenges and increased need for support brought on by changes in individuals' physical and health status. Historically, once a budget allocation was set for a person, the department had little flexibility to make permanent adjustments to this amount. The needs of these individuals also had to be factored into our strategic planning.

The previous five year plan stated that the department would be revising its Waiting List to more accurately reflect critical and emergent need for residential supports. After researching the approach taken by other states, DMR reconfigured its Waiting List to include only those individuals who had an emergency or required residential supports within one year (Priority 1 status). DMR expanded the list to include not only people in these categories living at home with their families or on their own, but also those who already received supports but who were under supported.

In 2005, the DMR entered into a Waiting List settlement to resolve a lawsuit filed by ArcCT on behalf of individuals waiting for residential services. Under the leadership of the Governor, a five year Waiting List initiative was launched in FY 05. The department is funded by the legislature for five years to serve 150 individuals on the Waiting List and to provide an additional 100 families with enhanced family support for each of the five years. When planned, the Waiting List initiative was designed to serve the 755 individuals on the revised Waiting List at that time and to address the projected growth rate of 70 new individuals onto the Waiting List each year for five years, or a total of 350. In total, the five year initiative was intended to serve 1,125 people — more than the total number of people on the Waiting List in 2005 plus the projected growth factor. This was to be accomplished by using the new funding and reusing residential vacancies.

DMR is now in the third year of this five year initiative. In each of the first two years, we have been able to support more than the required 150 individuals. As of June 30, 2006, 513 individuals from the Waiting List have residential supports — 361 with new Waiting List dollars plus 152 served with opportune vacancies. We project that the Waiting List initiative funded by the legislature beginning in 2005 will serve all those who were on the Waiting List as well as the projected growth rate of 350 at the time the initiative was designed. However, it continues to be a struggle to limit the growth of new people added to the Waiting List and meet the needs of these families as more families are requesting services than ever have historically. The growth factor projected by the department has more than doubled since the initiative has begun. As families needs are met and they move off the list, they are quickly replaced by new people requesting supports for their family members.

The Waiting List initiative funds individuals at an average level of \$50,000 for their residential supports. Individuals who require the more comprehensive residential supports provided in group homes will be served as vacancies in CLAs become available.

Despite overall growth in the DMR budget in the last ten years, efforts to contain increases in our budget have affected the department's ability to live up to the expectations of people who receive or want supports from DMR, especially families who have kept their family member at home and who have been waiting for services for many years.

Increasing Service Demands

While budgets remain tight for state and private agencies, the number of people receiving services continues to increase. The residential services Waiting List has experienced a net increase of 267 people since 1997, even though the department has placed or served 2,218 people from the Waiting List during the same time period.

The department has received tremendous support from the Governor and legislature to help people needing residential support and for school graduates who need employment or other day service supports. However, the Waiting List for day services continues to grow, reaching 228 individuals as of June 30, 2006. These are adults who became known to the department sometime after their graduation from high school.

Sometimes, people come to DMR for services through the court system. DMR has been working collaboratively with the Department of Mental Health and Addiction Services (DMHAS) Court Clinics to ensure that individuals diagnosed with MR are treated fairly and equitably by the Criminal Justice System. Often when these individuals are mandated to DMR for services, there are issues involving public safety, and we must develop appropriate, usually high cost supports to meet the needs of these individuals.

Each year, the department is fully funded to meet the needs of young adults who are graduating from high school and DMR consumers who are aging out of the Department of Children and Families (DCF) and who need both day and residential support. Usually, 225 individuals who are high school graduates receive funding for supported employment or other day services. The department also receives legislative funding each year for an average of 35 young adults turning 21 who will “age out” of their residential placements and funding for an average of 57 of these individuals who need funding for their day programs.

During FY 05, there was a formal transfer of funding from DCF to DMR for younger children who were in the DCF Voluntary Services Program (VSP) who were DMR clients. The DCF VSP is targeted to help families who have a child with behavioral health needs. Both agencies have worked collaboratively for years to address the needs of children in this program who also have a diagnosis of MR. Given the expertise of DMR to support these individuals, we became the lead agency for voluntary services for them. As of June 30, 2006, 139 children were enrolled in the program. Each year we anticipate at least 60 new children will be found eligible and in need of these supports. Serving children with intensive behavioral needs is new for DMR. It requires the development of more community-based supports and in-home supports if these children are to remain with their families and be served in Connecticut.

People who have family members with disabilities who do not meet the department's eligibility criteria, but nonetheless have significant needs for the kind of services DMR provides, are in need of relief and supports for their family members. While the department has begun a new pilot serving adults with Autism Spectrum Disorder, there are still many individuals with developmental disabilities who are underserved or go without needed services.

Workforce

All human services are facing workforce challenges. Individuals entering today's workforce, come to the job with fewer entry level skills. Direct-support personnel are the heart and lifeline of our service system and the demands on them are great. There is an increased need for a diverse workforce that reflects the cultural, ethnic, and language characteristics of the people it supports and their families. As more consumers choose to self direct their supports and hire their own staff, the concerns about a competent workforce grow. Different recruitment strategies are needed. Families and individuals must be prepared to train and supervise support staff themselves.

Transportation

Connecticut's public transportation system is inadequate to get people with disabilities where they need and want to go. The state's future ability to fund the development of community transportation systems that make the community accessible to people with disabilities is, at best, uncertain. While the state recognizes that reliable and cost-effective transportation is an issue for all people with disabilities, not just those served by DMR, and there are various cross disability efforts underway to improve the transportation system, truly viable solutions to this longstanding problem are yet to be implemented.

Estimated Cost of Services to Meet Growing Demands

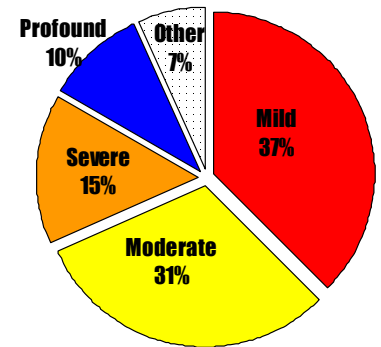
While the department will make every effort to secure the resources necessary, the competition for scarce public resources means that there will be limits. And, while we continue to demonstrate the need to be accountable for any new resources we receive, it is important for the department to continuously examine and explore how best to manage the resources it has, to be creative in our partnerships and in how we deliver services. We are continuing to direct the evolution of our current system and reconfigure our current resources with this challenge in mind.

THE PEOPLE WE SERVE

There are an estimated 33,500 people living in Connecticut who have a diagnosis of mental retardation

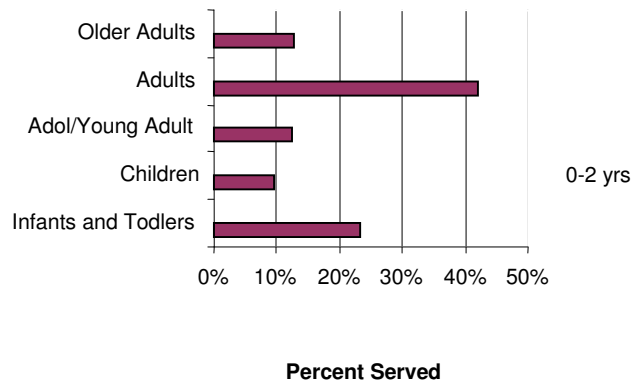
Mental retardation or intellectual disability is a developmental disability. It is present in about 1% of the Connecticut population. According to our statutes, in order for a person to be eligible for DMR services they must have IQ scores of 69 or lower along with demonstrated deficits in adaptive behavior, both before the age of 18-yrs. In addition, DMR is the lead agency for the Birth to Three System in Connecticut. This system serves infants and toddlers with developmental delays. Altogether, DMR assists over 19,000 individuals and their families.

**Of these, DMR serves:
19,498 people**



Level of MR
(not including Birth to Three)
Other includes children under the age of seven and individuals with Prader Willi Syndrome

Age Distribution of People Served by DMR



WHO RECEIVES RESIDENTIAL

7,180 people live at home without residential support

901 live at home with DMR funded residential supports

DMR provides or funds out of home residential supports for 6,111

60% of the people we serve
11,660
live in their own or family homes without residential

Less than half (40%) of the people we serve
7,838
receive

4,480 children living at home and receiving only Birth

Residential services for an additional 826 people are funded by other sources.

as of 6/30/06

ELIGIBILITY

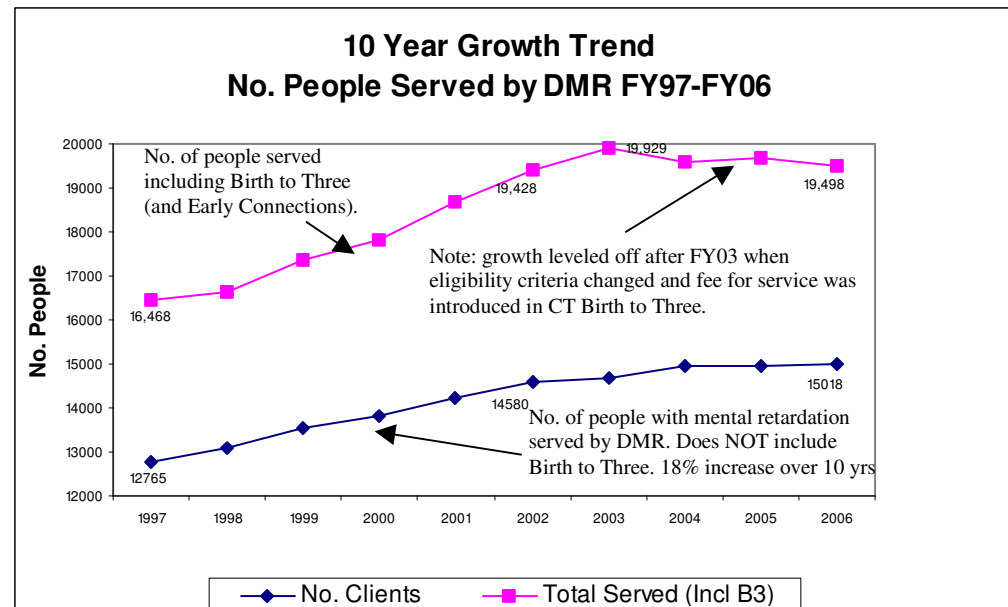
DMR has a **SINGLE POINT OF ENTRY** for all individuals seeking eligibility for services. This approach is designed to simplify the application process and assure statewide consistency in reviewing and determining eligibility across the three regions.

3 primary factors used to determine eligibility based on CGS 1-1g:

1. Significant deficits in **intellectual functioning**
 - IQ profile of 69 or lower on standardized IQ test
2. Deficits in **adaptive behavior**
 - evaluated using standardized measure
 - consistent profile across social, economic & self-help domains
3. Manifested during **developmental period**
 - clear evidence of both intellectual and adaptive deficits before age 18
 - medical records, school records, standardized testing

Plus individuals with Prader Willi Syndrome

Each year, DMR serves an average of **225 MORE PEOPLE** than the year before.



A FEW FACTS ABOUT NEW REFERRALS

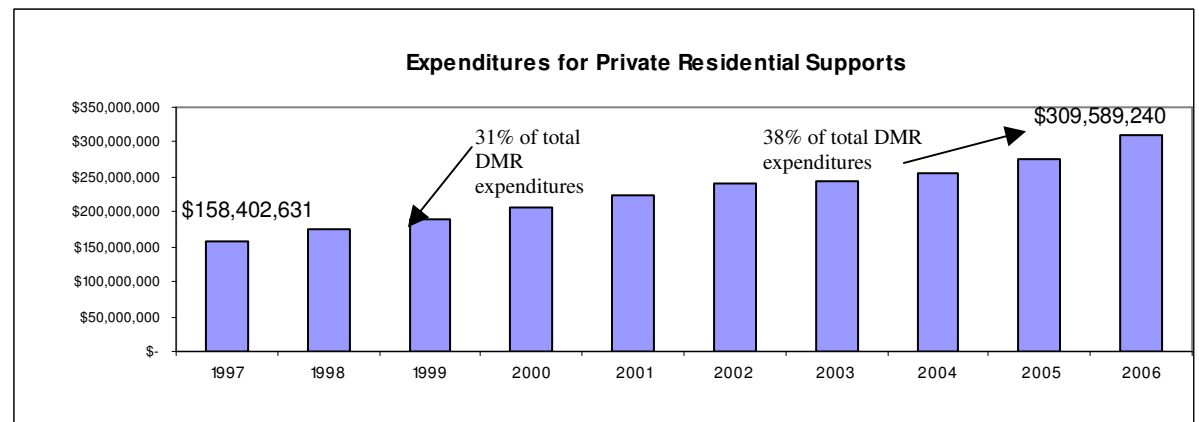
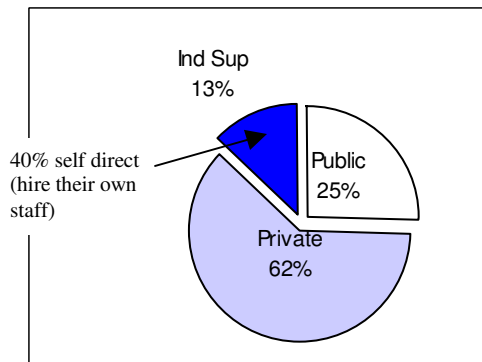
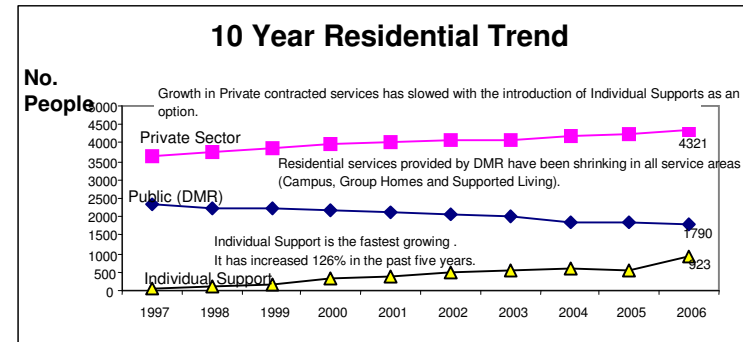
- Every month more than 94 people apply for services
- 75% of new referrals are for children (less than 18 yrs old)
- About 12% of new referrals are for adults older than 20 yrs of age
- The remaining 13% are young adults age 18-20 yrs.
- 18% increase in # of people served in last 10 years

Residential Support

The past decade has witnessed a dramatic shift away from residential services provided by public programs operated directly by DMR and toward services and supports operated by the private sector community. In fact, in 2001, public programs served less than a third of all people who receive a residential support.

Over the past 10 years:

- **Expenditures for Private Residential supports have increased by 49%**
- **Individual Support or People with Individual Budgets is the fastest growing approach to residential service. Of these individuals, 594 self direct or manage their own supports**



Providers of Residential Support July 2006

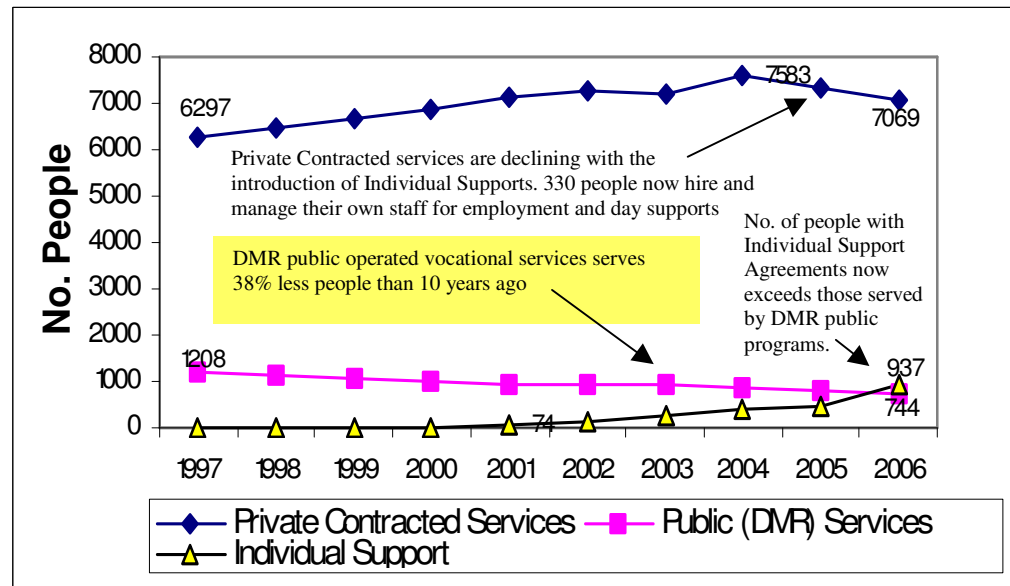
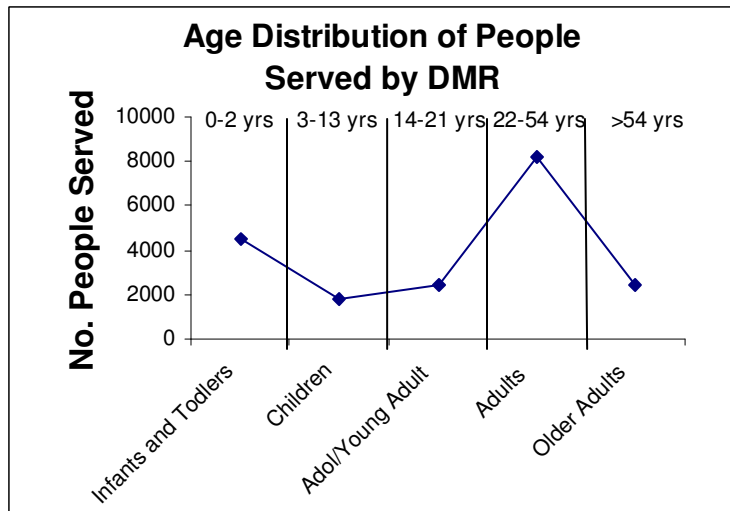
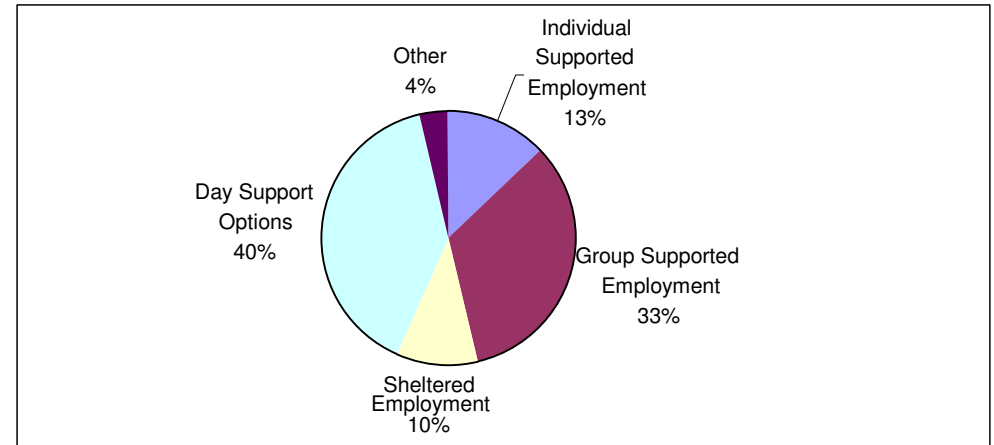
Employment and Day Supports

The more than 75% of all employment and day supports are delivered by private sector providers.

Just under half of all individuals served receive employment supports.

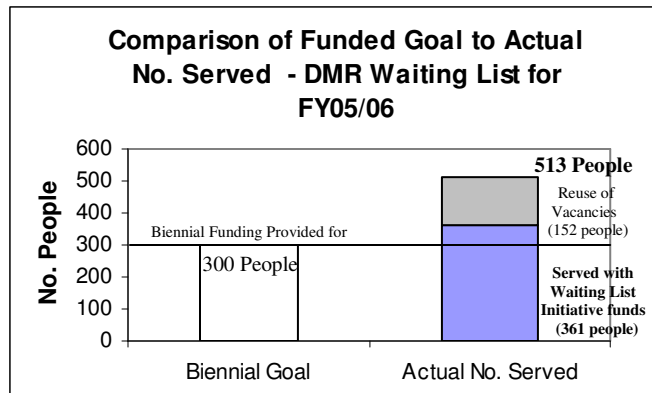
An increasing number of individuals hire their own staff for their employment or day supports.

Each year the department is fully funded to meet the needs of young adults who are graduating from high school and individuals who are aging out of DCF and who need both day and residential support.



The DMR WAITING LIST

AGENCY PERFORMANCE VS WAITING LIST INITIATIVE & DMR GOALS



Using new resources for 300 people & reusing available vacancies, over 500 people were placed from the Waiting List in the last biennium.

NEW FOCUS:

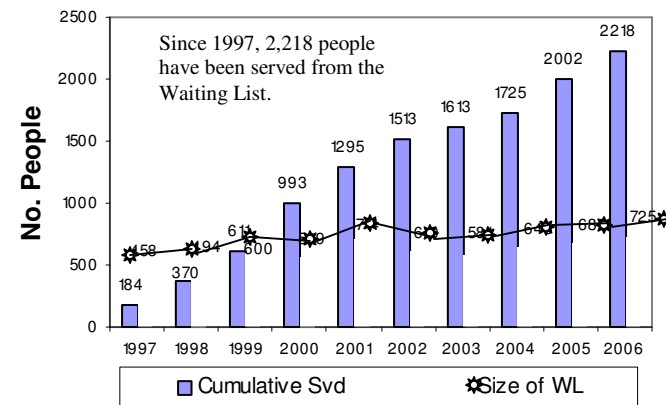
- Provided Enhanced Family Support to those requesting residential supports (200 people served in FYs 05 & 06)
- Reconfigured the Waiting List in June 2004 so it reflects both those with no services and those who are under-served. As of June 2006, there were 996 Emergencies and Priority 1 people with the new definition
- Incorporated "Aging Care Giver" as a major criteria for receiving support.

Meeting the needs of individuals on the Waiting List and their families is the single biggest challenge facing DMR. Between FY01 and FY03 new development outpaced new referrals to the list and it decreased. FY04–06 shows a trend back toward growth.

The NET GROWTH to the Waiting List for people at home is an average of 255 new people added to the list each year for 10 years

At the end of FY06 there were 725 people on the Waiting List who were living at home with their families. This is 58% more people on the list than ten years ago.

COMPARISON OF PEOPLE LIVING AT HOME SERVED TO GROWTH IN THE WAITING LIST



There were also 192 people receiving DMR services who were waiting for additional services plus 54 people in Long Term Care settings waiting for a DMR service.

ACCOMPLISHMENTS FROM THE 2002-2007 FIVE YEAR PLAN

This section of the plan provides an update for each of the Future Actions (statements in italics) listed in the department's previously published Five Year Plan. We have been working on these Actions from the previous plan and herein report on our accomplishments. The accomplishments are organized according to the four Strategic Commitments (numbered in bold type) outlined in that plan. The reporting period is FY 02 to FY 06 unless stated otherwise.

1. Commitment to Families and Individuals

Family Support

- ***Increase family support options, including respite.***

The department now operates eleven respite centers for families. In FY 2006, 1,133 individuals were served in respite centers. An assessment and stabilization service operates in the North Region serving individuals statewide who live at home and experience psychiatric or behavioral crises. In 2006, the Woodbridge project served 14 individuals.

- ***Establish methods to maximize flexibility in distributing resources to families and individuals.***

In FY 2006, a total of 3,525 families received Individual and Family Grants. In FY 04, DMR recreation and leisure staff provided direct services to 1,237 persons, and provided indirect services for an additional 284 persons in recreation programs operated by towns and other organizations. As of FY 05, DMR no longer provides recreation to people in the community through department staff. Regional recreation staff were eliminated or reclassified.

- ***Enhance web-based communications and access to information for employees, families, and consumers.***

The department's website continues to evolve to include a variety of resources. In addition to information about the regions and central office, the department regularly posts information about new statewide initiatives. Family fact sheets, reports and newsletters are posted to the website as well as provider licensing reports.

- ***Family Support Networks***

In 2003, the department was awarded a three-year Family Support grant from the Administration on Developmental Disabilities. This grant helped establish a statewide Family Support Network Coordinator and six Family Support Networks. The networks continue to operate beyond the terms of the grant, supported by DMR funds.

Children's Services

- ***Respond to Children's Services Focus Team recommendations.***

The Children's Services Focus Team submitted their report and recommendations to the commissioner in Fall of 2002. Recommendations have been implemented within existing appropriations as follows: children's services principles incorporated into

training; transition staff hired, family fact sheets developed and posted on the web and collaborations with DCF continue. The department established a statewide Children's Services Committee to review and make recommendations for children needing out of home placements.

Aging

- ***Establish Aging Focus Team to study best practices and make recommendations to Commissioner by January 2003.***

The Aging Focus Team completed its report and submitted recommendations to the commissioner in Fall 2003. A director of Elder Services was established at the central office to lead policy and coordinate initiatives in this area. Due to the retirement of the Elder Services Director this function is now assumed by a new Life Span Coordinator position in the central office. In 2006, the Aging Service Committee resumed meeting to prioritize and work on aging services related goals.

Waiting List

- ***Analyze the existing Waiting List prioritization system.***

The department has revised its definition and prioritization of the waiting lists and planning lists to more accurately reflect those with the greatest need for services. Staff has been trained and new procedures describing these changes have been issued and are operational. As of the end of June 2006, the DMR Waiting List for individuals from home or independent living identified as Emergency or Priority 1 totals 725 individuals. An additional 192 individuals have been identified who are already receiving some level of residential support, but need more, and 54 individuals are identified as living in long-term care settings who have sought support from DMR for alternative living situations

- ***Continue to respond to people on the Waiting List with an urgent need for residential services.***

In 2004, the Council on Mental Retardation in conjunction with the Office of Policy and Management put forth a proposal to serve people on the DMR Waiting List and significantly reduce the DMR Waiting List in five years. This initiative began in FY 2005. Each year, the funding is utilized to serve 150 people from the Waiting List with urgent needs. The complete five year plan will address the needs of a total of 750 people on the current Waiting List in need of a full-range of residential supports. Additionally, the plan also provides funding each year, for family support for 100 people living at home with their families.

In the last biennium, DMR used biennial resources for 300 people and provided residential placement or services for over 500 individuals from home who are identified as Emergency or Priority 1 from the Waiting List.

Birth to Three System

- ***Establish a credentialing process for all direct service providers***

Lacking a legislative mandate for credentialing, the department has been unable to make credentialing a mandatory requirement for providers. The department has however, implemented the process as a voluntary one.

- ***Complete on-site reviews of all programs***

The department completed its monitoring visits of all programs in FY 05. Since that time, the entire quality assurance process has been revamped to include: on-line biennial self-assessments and improvement plans submitted by each program; focused monitoring that includes grouping and ranking programs on a number of indicators and making on-site visits to low-performing programs; verification visits to programs to ensure the accuracy of reported data; and follow-up to ensure timely correction of any identified non-compliance.

2. Commitment to Choice and Control

Individual Supports & Self Determination

- ***Apply principles of self determination in all settings and divisions so that individuals who choose to, can self-direct their supports.***

Self Determination Director positions were established in all regions and at central office to lead policy and coordinate consumer directed supports. Case Managers and Support Brokers are operational in all divisions. Portability of individual budgets and self-direction options exist for people in all supported living, day and group home services. People are informed of their options to exercise portability and self-direct their supports. Materials are available on the website and through ongoing training to explain these options to consumers and their families.

- ***Shift traditional resources to the Individual Supports Approach using the process of portability, development of individual budgets, and person-centered planning.***

See explanation of portability and self-direction options above. In addition, the department is enhancing its computerized format and process for individual budgets. A new system-wide approach person-centered planning, forms and training is underway to maximize consumer choice and control in individual planning.

Self Advocacy and Consumer Leadership

- ***Establish Self Advocacy Council.***

The deputy commissioner established a Consumer Self Advocacy Council in FY 2002 that meets quarterly.

- ***Establish self advocates and family membership and increase their participation on all key regional committees.***

Consumers and families are represented on key regional and statewide committees. In conjunction with two federal grants on Quality Improvement and Level of Need and Individual Budgeting, the department has initiated new opportunities for involvement. The department has established nine self advocate positions; three part-time state employee positions in each region. The Self Advocate Coordinators are involved in hiring decisions of key personnel, participate as trainers in the department's New Employee Training program and other relevant events for staff, families and consumers. They manage local self advocate groups and develop training materials.

Systems Change

- ***Improve the system and availability of resources to process and monitor the quality of ISAs and supports that are provided.***

Self Determination directors have been established in each region and central office to ensure effective coordination among business office, resource administration, case management, and waiver management staff. In 2006, the majority of these responsibilities were transferred to resource administration staff.

- ***Enhance performance and accountability of fiscal Intermediaries.***

The central office Operations Center performs contract management duties in collaboration with the DMR Audit division.

- ***Identify the infrastructure adjustments needed to manage a system with increasing numbers of people choosing individual supports.***

Regional and central office staff has been re-organized and roles clarified to support increasing numbers of individuals with individual budgets and those who choose to direct their own supports. Business and administrative functions have been adjusted for increased efficiency, including regional authority for approval and new fiscal cost standard and prior approval procedures.

- ***Develop methodology for needs based assessment and resource allocation.***

In September 2003, DMR received a three-year federal grant to develop a fair and equitable method to determine an individual's support need level and assign resources based on level of need. The department with assistance from independent researchers has developed and begun implementation in 2006 of a new Level of Need and Health and Safety Screening tool.

3. Commitment to Quality

Basic Protections

- ***Develop and implement regulations re: client risk & forensic issues.***

Regulations were finalized in October 2003.

- ***Enhance the review and quality of Abuse/Neglect investigations.***

Training for investigators completed in conjunction with new procedures for quality control of DMR investigation reports. The DMR and Office of Protection and Advocacy for Persons with Disabilities entered into a Memorandum of Agreement that is broader than investigations, but intended to improve the overall system of protections. The agreement deals with reporting, and possible outcomes of investigations, i.e. immediate protective services, protective services, recommendations, and the department's obligations to all of those possible outcomes.

Quality Review and Improvement

- ***Integrate the Quality Improvement Initiative with existing QA systems and activities.***

An analysis of DMR's various quality mechanisms and CMS requirements was conducted during FY 2002. Recommendations informed the evolution and design of the department's new quality management system for field testing in 2003 with preliminary implementation beginning in FY 2004. The system continues to evolve in 2006 with the support of a web based data application.

- ***Establish a pilot review process to test DMR's new Quality Review and Improvement system.***

The department's new quality system tools and processes were piloted in 2003 and preliminary implementation began in FY 2004. DMR received a three-year federal grant to enhance the operation of the new quality system with the development of a web-based application.

Risk Assessment and Management

- ***Design and implement risk management and assessment procedures.***

The Individual Health Safety and Risk Screening tool and process was developed and fully implemented in FY 2003. In FY 2004, a more comprehensive risk screening for all individuals as part of the annual individual planning process was begun. In FY 2006, the previous Health and Safety Screening tool was incorporated into the department's new Level of Need, allowing for the generation of an individualized automated health and safety risk profile to be used in the individual planning process.

- ***Enhance mortality review and reporting systems.***

New procedures were established to complete reviews at the regional and state level in a more timely fashion. A new Independent Mortality Review Board has also been established according to Executive Order 25.

Technology Enhancements

- ***Establish LAN production rollout and provide key system enhancements.***

The LAN network became operational in all DMR regional main and satellite offices as well as the STS and central office with 1,924 users. Preliminary operations are underway to expand the network to DMR group homes.

Systems Improvement & Best Practices

- ***Enhance financial support to providers for facility acquisition and repair.***

The legislature increased the Revolving Loan Fund for Capital Repairs and Improvements by \$2 million as part of the FY 2005 Appropriation. \$1 million of the funding has been made available to the department to make new loans.

- ***Secure bonds for improving office and conditions in Bridgeport, Southwest Region.***

With the consolidation to three administrative regions, and information from a 2001 renovation feasibility report, the department closed its Virginia Avenue office space in 2005 and improvements were made at the Ella Grasso Center, the Lower Fairfield Center, and Cheshire office to accommodate these staff.

- ***Update cost accounting structure to develop costs for inclusion in rates and other cost reports.***

The updating of the cost account structure to develop costs for inclusion in rates is complete. The department's current accounting "Chart of Accounts" has been structured around the department's Table of Organization (TO). The "TO" is structured around the department's program operations and operations that support these programs. The TO is flexible and allows new programs to be added as they are developed. This approach to the Chart of Accounts allows for the accounting operations within DMR's regional and central office operations to capture costs and report them based upon how DMR "does its business."

Annually, the department's final end-of-year expenditures are extracted and based upon DMR's "rate setting model," costs are accumulated and reported by the individual DMR program that incurred the costs. Allocations are made to charge individual programs with DMR and statewide support costs in order to develop the total costs for individual programs. Based upon the determination of individual program costs, rates are calculated that are used to bill Medicaid for ICF/MR programs and the Home and Community Based Waiver Program. This cost accounting model is also used to provide program cost information to the Comptroller's Office for use in the Comptroller's Per Diem rates. This methodology provides for a consistent cost accounting from year to year, and provides a basis for billing federal programs.

- ***Complete study of State Property Evaluation (P.A. 01-154).***

A report was submitted to the legislature in February 2002 regarding evaluation of the feasibility and appropriateness of use of state properties of at least twelve acres for placement of clients who are evaluated as not appropriate for community placement.

- ***Establish system for FOI (Freedom of Information) requests and tracking of requests.***

The central office division of Legal and Government Affairs tracks all FOI requests to ensure timely and appropriate responses.

- ***Establish a statewide Safety Committee.***

Safety Committees in each of the three regions were reactivated and are meeting regularly. A Safety and Workers Compensation manager was hired in central office in 2006. Responsibilities of the position include providing consultation to the regional Safety Committees and coordinating statewide safety initiatives. It has been decided that the local committees are more effective in addressing safety issues than a single statewide Safety Committee.

- ***Participate with the Coalition for Deaf Developmentally Disabled to explore needed service enhancements.***
A staff person has been assigned to the Coalition to ensure ongoing participation, issue identification and resolution.
- ***Integrate and enhance planning and information management processes.***
A new Management Information Report has been developed to ensure better integration of information as well as reassignment of staff for improved efficiency of generating reports.
- ***Establish a DMR agency Policy and Procedures Manual.***
A comprehensive DMR Policy and Procedures Manual has been established and is available in electronic format on the LAN and via email to the private providers. New policies and procedures continue to be developed and promulgated as they are finalized. Existing documents will be updated periodically to ensure consistency among various documents and their requirements.
- ***Participate in mandated study of State guardianship law and report findings and recommendations to the Legislature January 2003 (PA 01-140).***
The report and recommendations was submitted to the Legislature in January 2003.

4. Commitment to Workforce Development

Recruitment & Retention

- ***Enhance web-based presence and applications for DMR employees.***
The department's website continues to evolve to include a variety of resources. In addition to information about the regions and central office, the department regularly posts information about new statewide initiatives. The department produces a bi-weekly staff newsletter that is emailed to communicate with staff.
- ***Provide ongoing enhancements to CTHHealthJobs.org to aid public and private recruitment.***
CTHealthJobs.org continues to operate as a resource for public and private employee recruitment. Staffing changes in Human Resources and technological challenges have slowed development of enhancements to the website. A new manager was hired in December 2006 and planned changes in the design and operation of the website in 2007 will result in improvements to the recruitment process.
- ***Work with the legislature to study and address the wage parity issue between public and private sector staff.***
When permitted, the department has submitted budget options to address the issue of wage inequity, but funding has not been appropriated due to the status of the overall state budget during this time period.

Staff Development

- ***Establish strategic plan for Staff Development of public and private sector staff.***

Completed national research on current trends and best practices. Conducted analysis of current statewide training initiatives and training mandates as well as staff development resources post ERIP and department reorganization. The UCONN Center for Excellence in Developmental Disabilities Education, Research, and Service conducted a training assessment of various human services agencies serving people with disabilities. The results of these analyses as well as an analysis of private provider practices and resources will be used to develop a future vision for staff development and plan, including organizational structure for central and regional staff development operations.

Higher Education Partnership

- ***Establish strategic alliances with institutions of higher education to benefit public and private sector staff.***

Strategic alliances with institutions of higher education include: Northwest Connecticut Partnership for Autism Spectrum Disorders and Related Disabilities participants include: the UCONN Center for Excellence in Developmental Disabilities Education, Research, and Service; UCONN School of Business; UMASS Medical School, Center of Developmental Disabilities Evaluation and Research (CDDER); UMASS at Boston, Institute for Community Inclusion (ICI); and the CT Community College Consortium.

Cultural Competency

- ***Establish a statewide capacity to communicate with consumers and families who use a language other than English as their primary language, including American Sign Language (ASL).***

DMR adopted a policy and procedure on interpreter/translation services in 2005. Family fact sheets and other materials have been developed in English and Spanish and are also available on the DMR website. Documents have been translated and interpreters for meetings retained as needed. Twelve bilingual case managers are assigned to support non-English speaking consumers and families. DMR contracts with Language Line a service which is available to provide interpretation.

Human Resources Enhancements

- ***Develop and publish a DMR Employee Handbook.***
- ***Develop and implement a database for tracking and analyzing DMR employee actions.***

DMR Employee Handbook developed and available on website.

Central office Human Resources maintains a centralized database of DMR employee disciplinary actions implemented and their outcomes.

- ***Implement an internal auditing system for DMR personnel records.***
Several workgroups in Human Resources (HR) have met to standardize human resources practices across the department. HR policies and procedures have been modified, and an internal audit of the practice of criminal background checks and timeliness of service ratings has been conducted. Plans are being developed for additional internal audits of personnel records and practices.

OTHER ACCOMPLISHMENTS

The following additional accomplishments are included as significant areas of improvement or development that were not listed as formal goals in the 2002 - 2007 Plan.

Children's services

- During FY 06, 124 youth were transitioned from DCF to DMR and 31 new applicants were enrolled in the Voluntary Services Program operated by DMR. CLAs are under development for 21 adolescents who will return from residential schools under the Voluntary Services Program and an additional 7 CLAs are under development for children aging out of DCF services.

Southbury Training School Improvements

- As of July 1, 2006, 550 individuals resided at Southbury Training School. The population at STS has been slowly decreasing. STS residents, their guardians, and family members are continually informed of residential options available, in order to assist them in making informed decisions regarding opportunities for community living alternatives. Each year, an average of 15 individuals move from STS into community-based settings. The department will continue to support those individuals who choose to remain living at STS, as well as those individuals who seek alternative placement.
- The role of Court Monitor to oversee the STS Consent Decree was discontinued as the state and federal governments agreed that the conditions of the decree were substantially met.
- In FY 06, STS was able to transfer 24 positions to the regions for the Individual and Family Support Teams to provide in-home supports for non-waiver consumers.

Home and Community Based Waivers

- Submitted and received approval for a new Individual and Family Support Waiver in February 2005 and a new Comprehensive Waiver in October 2005 to replace the department's previous Consolidated Waiver. Both waivers increase the number of service options for people who live in their own or family homes and allow self-direction options.

Safety Awareness Campaign

- In 2006, DMR initiated a comprehensive Safety Awareness Campaign to address consumer and employee safety. All providers reviewed safety protocols for individual consumers with identified safety risks. “Be Aware — Be Safe” focuses on consumer transportation, eating and environmental safety. A statewide safety summit was convened for agency administrators, private providers, families, advocates and employees to make recommendations for the enhancement of safety in the department.

Autism Pilot

- An Autism Spectrum Disorder Pilot was approved by the legislature to provide a coordinated system of supports and services, including case management for up to fifty adults with autism spectrum disorders who are not eligible for DMR services.

DMR Name Change

- During the 2006 legislative session, DMR administrators submitted legislation regarding a potential name change for the department. Public Act 06-92 (HB 5478) “An Act concerning the Department of Mental Retardation” was passed. The Act required DMR to solicit input regarding a name change for the department from families and individuals receiving services from DMR, advocates for persons with MR and other interested parties. In January 2007, the commissioner submitted a report to the legislature recommending that the department change its name to the “Department of Developmental Services.”

Birth to Three

- The CT Birth to Three System was recognized as the second state in the U.S. to receive full approval for the Part C Grant.

Educational Support

- The department has contracted with MC Strategies, Inc. to offer the College for Direct Support e-Learning Program to DMR employees, private agency employees and employees hired directly by individuals and families who manage their own supports.

GUIDING VALUES AND DMR MISSION

Disability is a natural part of the human experience that does not diminish the rights of people with disabilities to live independently, to exercise choice and control over their lives, and to fully participate in and contribute to their communities. People do these things through full integration and inclusion in the economic, political, social, cultural, and educational mainstream of Connecticut communities.

The following are department's Guiding values for planning and development of the service system.

GUIDING VALUES for service system planning and development...

1. The PERSON and FAMILY have key roles:

Personal Choice and Control

Individuals, with the support of their family or guardian and others they choose, make decisions about what they need and how, within available resources, their supports can be best delivered. When individuals need assistance to make decisions or are unable to decide for themselves, their families, guardians, or people who know them best play important decision making roles. Planning focuses on the individual's unique strengths, needs and preferences. People are free to choose traditional service options or when desired, can manage and direct their own services and funding in pursuit of a self determined life.

Consumer Driven

Individuals are listened to and have an active voice in planning their supports. The system encourages and supports the active leadership and advocacy of consumers, family members, guardians, and advocates in shaping public policy that affects the DMR service system.

Family-Centered

When a person lives at home with his or her family, services are made available to support and strengthen the family unit. The family has a key role in designing, selecting, and evaluating the supports they and their children receive. Families should have the tools and resources they need to be successful.

Self Determination

People with disabilities have control in their lives and authority over the resources that support them. People with disabilities have the *Freedom* to decide how to live their lives; *Authority* over their resources and supports; the *Support* they need to live full lives; and *Responsibility* for their decisions and actions.

2. PARTNERSHIP and COLLABORATION

Coordination

Services and supports are linked together and serve to complement one another to provide a comprehensive program that meets individual needs. Active service coordination is available to all consumers who desire assistance.

Collaboration

Broad partnerships are developed among consumers, family members, guardians, public agencies, private providers, unions, community organizations and faith-based groups. Public policy encourages active family and consumer participation.

Individuals receive resources from a variety of government and private agencies so that federal, state, and local government, as well as private agencies and insurance companies, share the responsibility for providing resources based on the individual's unique needs and preferences. Public and private partners, and families, guardians and individuals work together to establish consistent policies and systems to support people with disabilities. Administrative structures are present to help coordinate and promote collaboration.

Flexible

The system recognizes that the needs of individuals and families change. It allows for modifications to personal plans and adapts rules and resources to the unique needs and changing needs of different people.

3. COMMUNITY BASED**Partnership**

Cities, towns, and local communities are full partners with federal and state government and private agencies in providing resources and support for their residents with disabilities. They promote full inclusion and share in the responsibility to assure that needed services and supports are available for all of their citizens.

Local Access

A community base of resources that include natural and informal supports is available across Connecticut. Needed services are available within the individual's community of choice. People with disabilities do not have to travel far to access the services they require.

Active Participation

Towns and cities are enriched by full and active participation in community activities of individuals with disabilities and their families or other support persons. Members of the community respect and value their neighbors with disabilities, and have ample opportunity to enhance their lives.

4. QUALITY SERVICES and SUPPORTS**Comprehensive**

A broad array of services and supports are available to individuals and families that address respite, family support, residential, employment, behavioral health, specialized medical, transportation, leisure, social, and assistive technology and communication needs.

Quality Standards

Services and supports meet established safety and quality standards and are monitored on an ongoing basis that is well coordinated among regulatory agencies. Evaluation of quality includes personal outcome information, consumer satisfaction measures and indicators associated with health and well-being, and protection from harm.

Best practices

Services and supports reflect the most current practice standards. Where appropriate, they are based on empirical evidence of effectiveness and change as new research findings point to better approaches.

Accountable

State agencies and service providers are accountable for providing the most effective and efficient services and supports. Consumers, families, providers, and state agencies recognize their responsibility to taxpayers and use resources in the most cost-effective way possible.

5. COMPETENT WORKFORCE**Available**

There is an adequate workforce infrastructure available to meet service and support needs. Consumers and families do not have to wait for personal assistance or to purchase supports from providers.

Skilled

Individuals who provide support are recognized as valuable resources in the service delivery system and are treated with respect. They are well trained and skilled. A comprehensive system of personnel development is present so that professionals and paraprofessionals in the schools, private provider community, independent practice, and at public agencies are competent to provide the most up-to-date services for persons with varying and unique needs.

Culturally Diverse

The workforce is sufficiently diverse that it reflects the cultural, ethnic, and language characteristics of the people they support and their families. All members of the system understand, respect and value the importance of diversity. As a result, all services, supports and other assistance are provided in a culturally competent manner.

Respectful

All staff respect and value individuals with disabilities. They are knowledgeable about human and legal rights. Individuals with developmental disabilities are free from abuse, exploitation, and neglect.

DMR MISSION

These Guiding Principles give new life and meaning to the department's Mission established in 1985. The DMR Mission continues to be current, relevant and serve as a touchstone for everything we do today and the future.

The mission of the DMR is to join with others to create conditions under which all people with mental retardation experience...

- **Presence** and **participation** in Connecticut town life
 - Opportunities to develop and exercise **competence**
 - Opportunities to make **choices** in pursuit of a personal future
 - Good **relationships** with families and friends
 - **Respect** and **dignity**.
-



DMR's FOUR STRATEGIC COMMITMENTS

The department's Five Year Plan is organized according to Four Strategic Commitment Areas. The DMR also implements an annual Business Planning process undertaken by the various divisions of the central office in conjunction with the department's three regions and Southbury Training School to set goals and milestones for the coming year that will advance service enhancements outlined in the Strategic Commitment Areas. The Business Planning process ensures system integration of goals, timely review of department accomplishments and access to relevant data analysis. Business Planning goals are developed in line with the goals of the Five Year Plan.

1. Commitment to Families and Individuals

- ✓ Family Support
- ✓ Children's Services
- ✓ Aging
- ✓ Waiting List
- ✓ Birth to Three System
- ✓ Autism

2. Commitment to Choice and Control

- ✓ Self Determination & Self-Direction
- ✓ Self Advocacy and Consumer Leadership
- ✓ Employment
- ✓ Systems Change

3. Commitment to Quality

- ✓ Basic Protections
- ✓ Quality Review and Improvement
- ✓ Risk Assessment and Management
- ✓ Technology Enhancements
- ✓ Systems Improvement & Best Practices

4. Commitment to Workforce Development

- ✓ Recruitment & Retention
- ✓ Educational Support
- ✓ Higher Education Partnership
- ✓ Cultural Competency
- ✓ Human Resources Enhancements

BUSINESS PLAN GOALS 2007-2012

DMR Divisions Responsible for Implementation:

- Family and Community Services **F&CS**
- Communications and Human Resources **C&HR**
- Legal and Government Affairs **LG&A**
- Administrative Services **AS**
- Strategic Leadership Center **SLC**

STRATEGIC COMMITMENT	BUSINESS PLAN GOALS	RESPONSIBLE DIVISION
1. Commitment to <u>Families and Individuals</u>		
Family Support	a. Increase family support options, including respite.	F&CS
	b. Enhance web-based communications and access to information for families, and consumers and their employees,	C&HR
	c. Develop web based information that describes access to and provision of supports and services	F&CS
	d. Maintain six Family Support Networks	F&CS
	e. Enhance public sector employee role	F&CS
Children's Services	f. Develop and provide community supports for children, including Voluntary Services children	F&CS
Aging	g. Develop a continuum of care plan for DMR consumers as they age.	F&CS
Waiting List	h. Continue implementation of the Waiting List Settlement Agreement and provide services and supports to individuals on the Waiting List	F&CS and SLC

Birth to Three System	i. Expand Birth to Three eligibility	F&CS
	j. Improve outcomes for families	F&CS
	k. Improve outcomes for eligible children	F&CS
Autism	l. Implement pilot for adults who have autism and do not meet DMR eligibility criteria	F&CS
	m. Develop recommendations for design and implementation to address needs of this population beyond the pilot	F&CS

2. Commitment to Choice and Control

Self-determination & self direction	a. Apply principles of self determination in all settings and divisions.	F&CS
	b. Educate consumers and families of their support options including portability, waiver services, so that individuals who choose to, can self-direct their supports.	F&CS
Self Advocacy and Consumer Leadership	c. Strengthen the Self Advocacy Council in conjunction with People First of CT	F&CS
	d. Establish self advocates and family membership, participation and accommodation on all key regional committees or in key quality improvement activities, and provide financial support to ensure participation, i.e. transportation costs	F&CS
	e. Assist Self Advocates to develop and provide training on self determination options	SLC and F&CS

Employment	f. Participate in the national State Employment Leadership Network (SELN) to improve employment opportunities and outcomes for consumers.	F&CS
	g. Collaborate with other agencies and state employment initiatives to increase employment for youth in transition and adults served by DMR	F&CS
Systems Change	h. Continue to develop the infrastructure adjustments needed to manage a system with increasing numbers of consumers with individual budgets	All
	i. As the public sector needs change, redirect its resources to support individuals and families in the community.	FC&S
	j. Implement and refine methodology for level of need assessment and resource allocation	SLC, F&CS and AS

3. Commitment to Quality

Basic Protections	a. Implement Safety Awareness Campaign Action Plan	L&GA, SLC, and F&CS
	b. Implement browser-based Incident Reporting system	SLC and F&CS
	c. Conduct health related initiatives including materials development for consumers receiving Supported Living / Individual Supports	SLC and F&CS
	d. Monitor the implementation of the Interagency Agreement with the Office of Protection and Advocacy for Person With Disabilities	LG&A
	e. Explore the expansion of residential, clinical and case management supports for people who have substance abuse issues or who are at risk of incarceration.	F&CS
	f. Enhance DMR and provider network emergency preparedness	SLC

Quality Review and Improvement	g. Implement Quality Service and System Review and modify based on implementation experience	SLC and F&CS
	h. Establish performance benchmarks for quality indicators associated with provider certification	SLC and F&CS
	i. Develop family and consumer-friendly Provider Profiles and qualified provider listing.	SLC and F&CS
	j. Expand medical and dental health care service coordination	F&CS
	k. Improve system capacity to support providers and families in clinical service areas	F&CS
Risk Assessment and Management	l. Analyze Health and Safety risk data and implement system improvements	SLC and F&CS
	m. Enhance mortality review and reporting systems	L&GA and F&CS
Technology Enhancements	n. Develop and implement integrated technology application development plan, including use of laptops for Level of Need and resource allocation; individual planning and budgeting; overall quality management; billing and payments; and audit and fiscal planning.	SLC
	o. Design and implement an Intranet to enhance employee communication and information management	SLC

Systems Improvement & Best Practices	p. Submit recommendation to legislature to change the name of the department and implement changes as required	LG&A
	q. Enhance financial support to providers to address increased costs, low wage issues, changing infrastructure needs and for facility acquisition and repair.	AS
	r. Update cost accounting structure to develop costs for inclusion in rates and other cost reports	AS
	s. Implement plan for revenue maximization and electronic billing for Medicaid services	AS
	t. Participate with the Coalition for Deaf Developmentally Disabled to explore needed service enhancements.	F&CS
	u. Submit revisions for both HCBS Waivers and receive 5 year renewal status	SLC
	v. Enhance the department's audit function for P-card purchases, fixed assets management, potential Medicaid fraud, and provider issues.	AS
	w. Develop and/ or revise and implement regulations for DMR's HCBS Waivers, rates for services, and medication administration in family or own homes.	LG&A
	x. Continue public sector efforts to develop specialized supports for individuals with behavioral challenges and medical complexities.	FC&S

4. Commitment to Workforce Development

Recruitment & Retention

- | | |
|---|------|
| a. Provide ongoing enhancements to CTHealthJobs.org and Rewardingwork.org to aid public and private recruitment and support self direction options. | C&HR |
| b. Work with the legislature to study and address the wage parity issue between public and private sector staff. | All |

Human Resources Enhancements

- | | |
|---|------|
| c. Analyze DMR employee disciplinary actions for system improvements . | C&HR |
| d. Continue efficiencies to hire DMR direct support staff in a timely manner | C&HR |
| e. Assist staff to prepare for new functions as the department increases the provision of individualized services and enhances quality management and case management functions | C&HR |

Cultural Competency

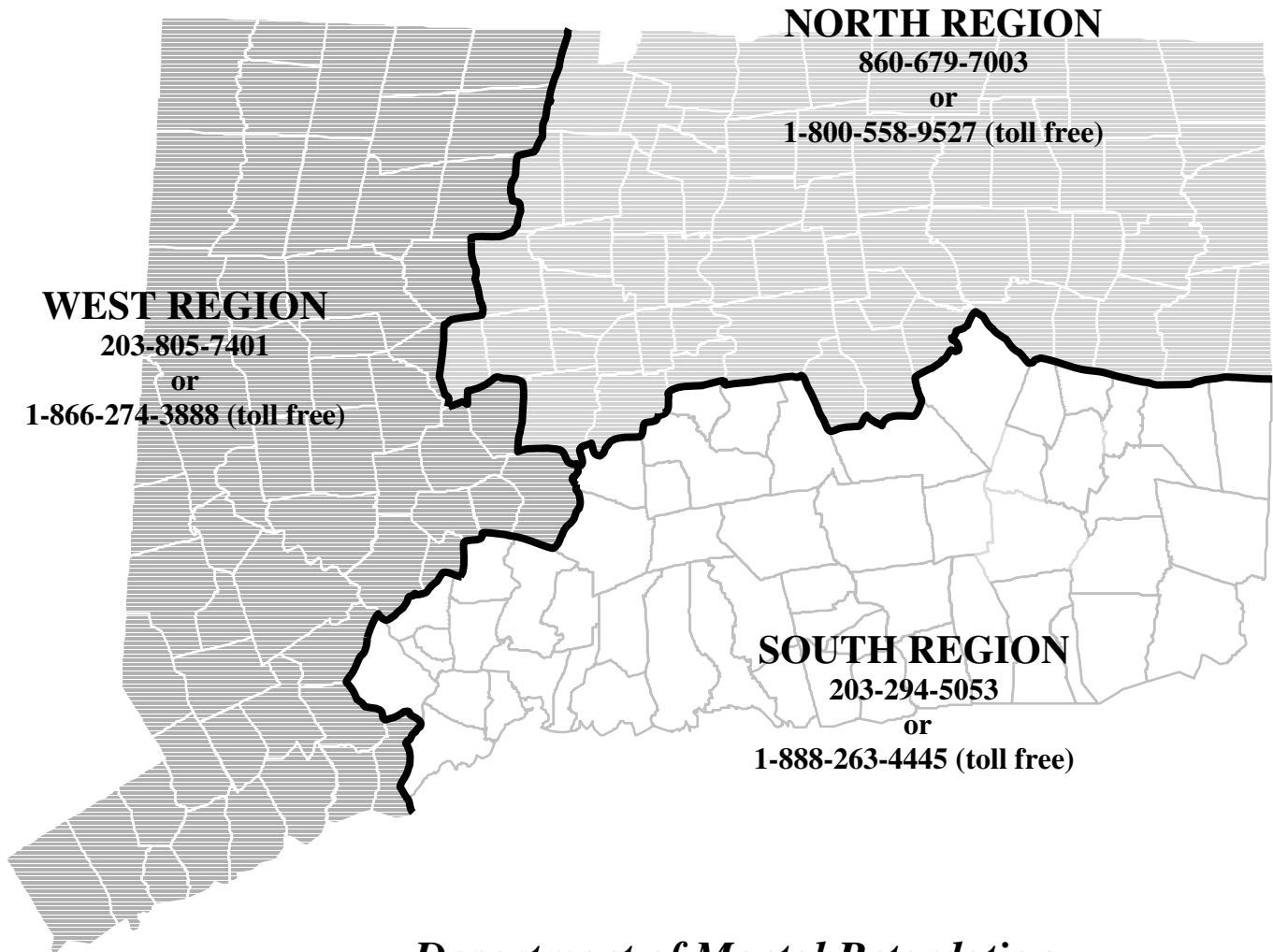
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|---|-----|
| f. Strengthen statewide capacity to communicate with consumers and families who use a language other than English, as their primary language, including American Sign Language. | All |
| g. Evaluate the utilization of DMR services by various groups and compare to CT census figures. | All |

Educational Support

- | | |
|--|-----|
| h. Establish strategic plan for Educational Support of public and private sector staff; consumers and families; and other service delivery stakeholders. | SLC |
| i. Explore and implement e-learning options to expand educational support opportunities | SLC |

Higher Education Partnership

- | | |
|--|-----|
| j. Establish strategic alliances with institutions of higher education to benefit public and private sector staff. | SLC |
|--|-----|



Department of Mental Retardation
for more information: www.dmr.state.ct.us

NORTH REGION

155 Founders Plaza
255 Pitkin Street
East Hartford, CT 06108
860-263-2500 TD 860-263-2510
TOLL FREE 1-800-558-9527
Regional Director – John F. Houchin, Sr., Ed.D.
860-263-2447

WEST REGION

250 Freight Street
Waterbury, CT 06702
203-805-7400
TOLL FREE 1-866-274-3888
Regional Director – Dimitri Triantafillakis
203-805-7424

BIRTH TO THREE SYSTEM

460 Capitol Avenue
Hartford, CT 06106
TOLL FREE 1-800-505-7000
Director - Linda Goodman

OMBUDSPERSONS OFFICE

460 Capitol Avenue
Hartford, CT 06106
TOLL FREE 1-866-737-0331
Ombudsperson – Edward Mambruno

CTHealthJobs.org

TOLL FREE 1-866-658-0617

SOUTH REGION

104 South Turnpike Road
Wallingford, CT 06492
203-294-5049 TD 203-294-4475
TOLL FREE 1-888-263-4445
Regional Director – Mary McKay
Norwich Office 860-859-5401
Wallingford Office 203-294-5052

CENTRAL OFFICE

460 Capitol Avenue
Hartford, CT 06106
860-418-6000 TD 860-418-6079
Commissioner - Peter O'Meara
Deputy Commissioner – Kathryn duPree

ELIGIBILITY INTAKE UNIT

Single Point of Entry
370 James Street – Suite 301
New Haven, CT 06513
TOLL FREE 1-866-433-8192

Office of Protection and Advocacy

60B Weston Street
Hartford, CT 06120-1551
860-297-4300 TTY 860-297-4380
TOLL FREE 1-800-842-7303
Director – James McGaughey

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